

EXHIBIT

tabbies

A

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

07 CV

4110

-----X
DEBRA CORRA and ANTHONY LAVIGNANI,
individually as Parents and Natural Guardians of
ANTHONY LAVIGNANI, and Infant,

Plaintiffs,

-against-

UNITED STATES OF AMERICA,

Defendants.
-----X

Index No.:
JUDGE KAPLAN

VERIFIED COMPLAINT

Jury Trial Demanded

MAY 25 2007

Plaintiffs, through their attorneys Gravante & Looby, as and for their verified complaint,
state as follows:

1. That at all times herein mentioned, plaintiffs, DEBRA CORRA and ANTHONY LAVIGNANI, and ANTHONY LAVIGNANI, and Infant, reside at 56 Pierpont Place, SI, NY.

2. This action is brought under Suits in Admiralty Act, 46 U.S.C. 30901-30918 and the Public Vessels Act, 46 U.S.C. 31101-31108, for personal injuries of the infant Plaintiff, Anthony Lavignani, arising out of maritime torts committed by agents or employees of the Navy, and/or damages caused by a Navy vessel, through negligent or wrongful acts of omissions of employees, agents, apparent agents, servants, or employment, agency, servitued or representative capacity, under circumstances where the United States of America, if a private person, would be liable to the Plaintiffs under the laws of the State of New York, where the acts or omissions occurred.

3. Jurisdiction of this Court is pursuant to Admiralty Act, 46 U.S.C. 30901-30918 and the Public Vessels Act, 46 U.S.C. 31101-31108.

4. On June 28, 2006, Plaintiffs filed their administrative claim based on the facts alleged her with the appropriate federal agency, the Department of the Navy, for damages arising out of the personal injury sustained by Anthony Lavignani, an infant, based on the negligence of United States

Government employees, agents, apparent agents, servants, or employment, agency, servitude or representative capacity apparent agents arising out of the course of their duties at the USS John F. Kennedy, while docked at a port of New York City.

5. Such claims were presented as required by 28 U.S.C.267. A copy of the administrative claim is attached to this complaint as Exhibit 1.

6. It has been more than six (6) months since the original administrative claim was filed with the Department of the Navy, which is the appropriated federal agency, as required by 28 U.S.C.267. The Department of the Navy has failed to resolve the above mentioned administrative claim.

7. At all times material to this complaint, plaintiffs, DEBRA CORRA and ANTHONY LAVIGNANI, were the parents and natural guardians of their son, ANTHONY LAVIGNANI, an infant.

8. At all times material to this complaint, the USS John F. Kennedy is a vessel owned by the United States of America, and operated, maintained, controlled and operated by the Department of the Navy.

9. Defendant, its agents, servants, and/or employees had a duty to keep all parts of the aforementioned USS John F. Kennedy in a safe condition so as to not endanger life and limb, and not to design or create a dangerous condition, and not to permit a dangerous condition to exist.

AS AND FOR A FIRST CAUSE OF ACTION
ON BEHALF OF INFANT PLAINTIFF ANTHONY LAVIGNANI,

10. Plaintiffs repeats, reiterates and realleges each and every allegation contained in Paragraphs "1" through "9", inclusive with the same force and effect as if hereinafter set forth at length.

11. That on or about May 28, 2006, the infant plaintiff, ANTHONY LAVIGNANI, was lawfully inside, at and/or in the vicinity of the USS John F. Kennedy, which was docked at Pier 88 during Fleet Week, in New York City.

12. That on or about May 28, 2006, at approximately 3:30 p.m. while the plaintiff, ANTHONY LAVIGNANI, an infant, was lawfully and properly upon the aforesaid premises, plaintiff was viewing a tank located on said vessel, which was being presented by a naval officer, name which is unknown, was caused to fall inside of the tank and was stomped on by other children viewers inside the tank causing sever and permanent injuries.

13. Defendant, its agents, servants and/or employees carelessly and negligently maintained, supervised, controlled, operated, and fail to keep the premises in a safe and orderly condition.

14. Defendant, its agents, servants and/or employees carelessly and negligently permitted the premises be and remain in a negligent and unreasonable condition which was easily accessible to children.

15. Upon information and belief, the defendants negligently and carelessly failed properly to supervise, operate, manage and control the premises.

16. Upon information and belief at all times herein, and for some time prior thereto, the defendants and any agents, servants, or employees of the defendant well knew, or in the exercise of reasonable care and prudence, should have known that the aforementioned premises would be a dangerous condition and viewed and used by and be attractive to children, that such children were immature and not chargeable with a sense of danger or capable of exercising ordinary prudence and care and that it was reasonable and probably that children would act in an unsafe manner.

17. At all times herein, it was the duty of the defendant and any agents, servants and/or

employees of the defendant to properly and carefully instruct, admonish, warn, and inform it's the public and the children under its and their supervision in the use and care of viewing such tank, and warn them that they could injure themselves, and otherwise insure that all prudent and necessary steps and precautions were taken to prevent any of the any harm or injury nor subject others to injury or harm.

18. The defendant did not exercise reasonable care and diligence in the selection, engagement, and employment of its agents, servants and employees, and at all times herein mentioned, provided the with, and placed irresponsible, careless, and negligent agents, servants and/or employees in charge of the premises.

19. At all times hereinafter mentioned, the defendant, disregarded its duties and negligently and carelessly left the children unsupervised and otherwise created conditions wherein it was reasonable to anticipate that children would play and get excited about viewing the tank and play therein, and such negligence and carelessness on the part of the defendant reasonable could, and, in fact did result in injuries to others.

20. On or about May 28, 2006, the infant-plaintiff, was seriously and grievously injured when he fell and was stomped by the other children.

21. That the injuries sustained by the infant-Plaintiff were caused solely through the carelessness, recklessness and negligence of the Defendants, their agents, servants and/or employees, and through no fault or lack of care on the part of the Plaintiff herein.

22. That as a result of the Defendants' negligence, the infant-Plaintiff, was rendered sick, sore, lame and disabled, was caused to sustain severe and serious personal injuries in nature; was caused to require medical care and attention, and upon information and belief, will require same in future; was caused to expend various sums of money in an endeavor to cure himself of the aforesaid

injuries and, upon information and belief, said expenses will continue in the future, was confined to bed and home as a result thereof.

23. By virtue of the foregoing, the Plaintiff has been damaged in the sum of ONE MILLION (\$1,000,000.00) DOLLARS.

**AS AND FOR A SECOND CAUSE OF ACTION
ON BEHALF OF PLAINTIFFS AS PARENTS AND NATURAL GUARDIANS**

24. Plaintiffs repeat, reiterate and reallege each and every allegation contained hereinabove in Paragraphs "1" through "23" inclusive with the same force and effect as if heretofore set forth at length.

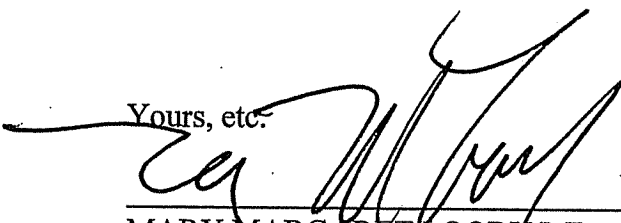
25. At all times hereinafter mentioned, Plaintiffs, DEBRA CORRA and ANTHONY LAVIGNANI, were and still are the parents and lawful guardians of the infant Plaintiff..

26. By reason of the foregoing, Plaintiffs, have been deprived of the consortium of their child, including but not limited to his support, services, love and companionship, affection, society, and solace, and was caused to expend various sums of money in an endeavor to cure the infant-plaintiff of the aforesaid injuries and, upon information and belief, said expenses will continue in the future, all of which has caused her to be damaged in the sum of FIVE HUNDRED THOUSAND (\$500,000.00) DOLLARS.

WHEREFORE, Plaintiffs demand judgement against the Defendants in the sum of ONE MILLION (\$1,000,000.00) DOLLARS on the First Cause of Action, the sum of FIVE HUNDRED THOUSAND (\$500,000.00) DOLLARS on the Second Cause of Action, with interest from the 28th day of May, 2007, together with costs, attorneys' fees, and disbursements of this action.

Dated: Brooklyn, New York
May , 2007

Yours, etc.



MARY MARGARET LOOBY (ML
9670)
GRAVANTE & LOOBY, LLP
Attorneys for Plaintiffs
Office & P.O. Address
1514 86th Street
Brooklyn, New York 11228
(718) 236-3800

UNITED STATES DISTRICT COURT
OF THE SOUTHERN DISTRICT OF NEW YORK

-----X

DEBRA CORRA and ANTHONY LAVIGNANI,
individually as Parents and Natural Guardians of
ANTHONY LAVIGNANI, and Infant, Plaintiffs,
-against-

Index No.

UNITED STATES OF AMERICA,

Defendants

**ATTORNEY'S
VERIFICATION**

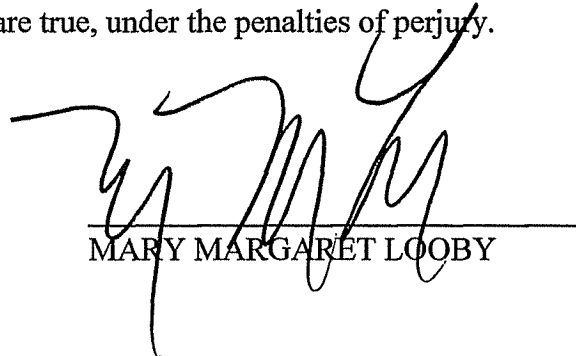
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I, MARY MARGARET LOOBY, an attorney admitted to practice in the courts of New York State, state that I am an associate at the law firm of GRAVANTE & LOOBY, LLP the attorneys of record for the Plaintiffs in the within action; I have read the forgoing COMPLAINT, and know the contents thereof; the same is true to my own knowledge, except as to the matters therein stated to be alleged on information and belief, and as to those matters I believe it to be true. The reason this verification is made by me and not by the Plaintiffs, is that Plaintiffs do/does not reside in the County in which Plaintiffs attorneys maintains her office.

The source of deponent's information and the grounds of her belief are communications had with the Plaintiffs, records and investigations contained in the file.

I affirm that the foregoing statements are true, under the penalties of perjury.

Dated: Brooklyn, New York
May 17, 2007




MARY MARGARET LOOBY

VERIFICATION

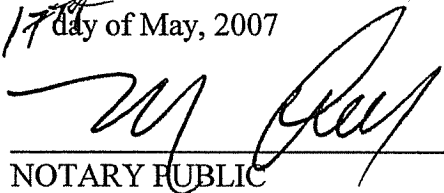
STATE OF NEW YORK }
 } ss.:
COUNTY OF KINGS }

DEBRA CORRAO, being duly sworn, deposes and says:

That I am a Plaintiff/Petitioner in the within action; I have read the foregoing Summons and Verified Complaint and know the contents thereof; the same is true to my own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters I believe it to be true.

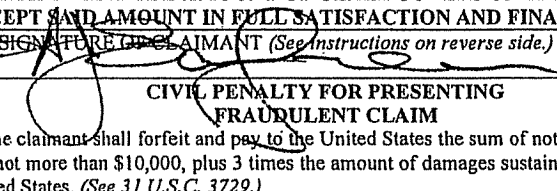

DEBRA CORRAO

Sworn to before me this
17th day of May, 2007


NOTARY PUBLIC

MARY LOOBY
Notary Public State of New York
No. 24-4911504
Qualified in Kings County
Commission Expires 2/16/ 2010

EXHIBIT 1

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008 EXPIRES 6-30-01	
1. Submit To Appropriate Federal Agency: Commanding Officer Naval Legal Service Office, Mid Atlantic Attention: Federal Tort Claims Division 9620 Maryland Avenue, Suite 100, Norfolk, Virginia 23511-2989			2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and Zip Code) Riccardo Lavignani, Infant by Father Anthony Lavignani 56 Pierpont Place Staten Island, New York 10314		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 9/19/96	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT Saturday, May 28, 2005 3:30 pm	7. TIME (A.M. OR P.M.)	
8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.) <p style="text-align: center;">SEE ATTACHED RIDER</p>					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code) <p style="text-align: center;">NOT APPLICABLE</p>					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side) <p style="text-align: center;">NOT APPLICABLE</p>					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT Riccardo Lavignani sustained a fracture to the left distal/radius, fracture to the left distal/ulna as well as severe pain and limited range of motion. The claimant underwent a closed reduction of the left distal/radius					
11. WITNESSES					
NAME			ADDRESS (Number, street, city, State, and Zip Code)		
UNKOWN			UNKNOWN		
12. (See instructions on reverse) AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE N/A	12b. PERSONAL INJURY \$5,000,000	12c. WRONGFUL DEATH N/A	12d. TOTAL (Failure to specify may cause forfeiture of your rights.) \$5,000,000		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.) 			13b. Phone number of signatory (718) 253-6627	14. DATE OF CLAIM 6/28/06	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant shall forfeit and pay to the United States the sum of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Imprisonment for not more than five years and shall be subject to a fine of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the United States. (See 18 U.S.C.A. 287.)		

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. *Principal Purpose:* The information requested is to be used in evaluating claims.

C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".

INSTRUCTIONS

Complete all items - Insert the word NONE where applicable

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF

Any instructions or information necessary in the preparation of your claim will be furnished, upon request, by the office indicated in item #1 on the reverse side. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplemental regulations also. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with said claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file claim for both personal injury and property damage, claim for both must be shown in item #12 of this form.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT, THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

(b) In support of claims for damage to property which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to completely execute this form or to supply the requested material within two years from the date the allegations accrued may render your claim "invalid". A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

Failure to specify a sum certain will result in invalid presentation of your claim
And may result in forfeiture of your rights.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or other aspect of this collection of information, including suggestions for reducing this burden, to Director, Torts Branch, Civil Division, U.S. Department of Justice, Washington, DC 20530.

INSURANCE COVERAGE

In order that subrogation claims be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance? ☐ Yes, if yes give name and address of insurance company (Number, street, city, State, and Zip Code) and policy number. ☒ No

16. Have you filed claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?

NA

17. If deductible, state amount

N/A

18. If claim has been filed with your carrier, what action has your insurer taken or proposes to take with reference to your claim? (It is necessary that you ascertain these facts)

N/A

19. Do you carry public liability and property damage insurance? ☐ Yes, If yes, give name and address of insurance carrier (Number, street, city, State, and Zip Code) ☐ No

N/A

SF 95 (Rev. 7-85) BACK

* U.S. GOVERNMENT PRINTING OFFICE: 1989-241-175

RIDER

BASIS OF CLAIM:

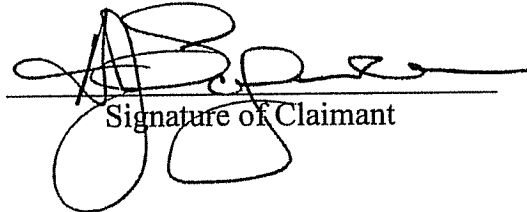
On May 28, 2005 at approximately 3:30 p.m., the infant claimant, Riccardo Lavignani, Jr. was visiting Pier 88 during Fleet Week. The claimant, Riccardo Lavignani, Jr. was legally aboard the John F. Kennedy ship, located on 12th Avenue and 48th Street, New York, New York. The claimant was viewing a tank at the Intrepid Sea-Air-Space Museum which was being presented by a naval officer, (name of which is unknown to claimant) when the claimant was caused to fall inside of the tank and was stomped by other children viewers inside of the un-supervised tank.

Attorney Authorization

To: Commanding Officer
Naval Legal Service Office Mid-Atlantic
Attn: Federal Tort Claims Division
9620 Maryland Avenue, Suite 100
Norfolk, VA 23511-2989

I, Anthony Lavignani as Father and Natural Guardian of infant claimant, Riccardo
Lavignani Jr. designate and authorize Mary Margaret Looby, associated with
the law office of Gravante & Looby, LLP to represent me in any and all claims which
have been filed or will be filed arising from an accident which occurred
on May 28, 2005 at approximately 3:30p.m., while the infant claimant, Riccardo
Lavignani, Jr. was visiting Pier 88 during Fleet Week. The claimant, Riccardo Lavignani,
Jr. was legally aboard the John F. Kennedy ship, located on 12th Avenue and 48th Street,
New York, New York. The claimant was viewing a tank at the Intrepid Sea-Air-Space
Museum which was being presented by a naval officer, (name of which is unknown to
claimant) when the claimant was caused to fall inside of the tank and was stomped by
other children viewers inside of the un-supervised tank.

Executed this 28th day of June, 2006 at The Law
Office of Gravante & Looby


Signature of Claimant



475 Seaview Avenue
Staten Island, NY 10305-3498



3110580

LAVIGNANI, RICCARDO

DOB: 09-19-96 M

CE 1204552

EMERGENCY SERVICES AFTERCARE INSTRUCTIONS TO THE PATIENT

(NOTE: Items (X)checked only — Disregard all other items)

Learning Assessment: Relevant cultural/religious practices _____ None ☐

Barriers to Learning: Visual ☐ Auditory ☐ Sensory ☐ Emotional ☐ Physical ☐

Cognitive ☐ Unwilling to learn ☐ Unable to read ☐ None ☐

Primary language spoken: _____

Learning Preference: Discussion ☐ Reading ☐ Video ☐ Demonstration ☐ None ☐

GENERAL INSTRUCTIONS:

____ Fill your prescriptions and take as directed.

____ Don't drink alcohol, drive or operate machinery while on this medication.

____ X-ray (Emergency reading only): An official reading will be done by a Radiologist. If there is any change in diagnosis requiring a change in treatment, you will be notified.

____ Work/school absence: This emergency visit can only authorize an absence for the next 24 hours. Further absence would have to be authorized by your family or company physician.

NOTE: If your condition worsens, or new symptoms appear, or should you not recover as expected, and you cannot contact your doctor...Return Here.

PROFESSIONAL AND OTHER SERVICE NOT PROVIDED
BY THE HOSPITAL WILL BE BILLED INDEPENDENTLY.
EXAMPLES: E.K.G., X-RAY INTERPRETATION
SPECIAL PHYSICIAN COMPONENT

PATIENT DISCHARGE INSTRUCTIONS

1. FOLLOW THE PREPRINTED INSTRUCTIONS ON THE PATIENT CARE INSTRUCTIONS SHEET (SEE BACK OF THIS PAGE) FOR:

☐ A. VOMITING AND DIARRHEA

☐ B. HIGH FEVER

☐ C. WOUND CARE

☐ D. HEAD INJURY

☐ E. NECK AND BACK INJURIES

☐ F. UPPER AND LOWER EXTREMITY SPRAINS

☐ G. CHEST INFECTION AND INJURIES

☒ H. HIGH BLOOD PRESSURE

BP / BP /

☐ I. EYE CARE

☐ J. SEXUALLY TRANSMITTED

DISEASES

☐ K. CROUP

☐ L. NOSE BLEED

☒ M. FRACTURES

☐ N. SUTURE REMOVAL - CALL

YOUR FOLLOW-UP DOCTOR

FOR AN APPOINTMENT FOR

SUTURE REMOVAL IN

____ DAYS.

☐ O. OTHER (see over)

2. ☐ CHEST OR ABDOMINAL PAIN

In spite of a negative examination and tests in the Emergency Room, it is possible that a significant problem is present. If the symptoms recur, you are urged to notify your family physician or return to the Emergency Room.

3. USE PRESCRIBED MEDICATION AS DIRECTED ON BOTTLE.

4. USE TYLENOL, ASPIRIN, OR ADVIL (IBUPROFEN) IN THE FOLLOWING DOSAGE _____ EVERY _____ HOURS _____ FOR _____

5. OTHER INSTRUCTIONS:

*vicodin every 4-6 hrs as needed
Elevate arm - Keep it still
Call Ortho. Dr. Fajman
(718) 667-7500*

6. ALL PATIENT BELONGINGS TAKEN HOME BY PATIENT / REPRESENTATIVE. (circle one)

I acknowledge receipt of the instructions indicated. I understand that I have had emergency treatment only and that I may be released before all of my medical problems are known or treated. I will arrange for follow-up care as indicated.

Date 5/28/05

Patient (or representatives)
Signature _____

RN Signature _____

Doctor's Signature _____

☐ Tetanus shot given ☐ Yes ☐ No Type _____

☐ Immunization update referral _____

FOLLOW-UP CARE

☐ Physician Referred

☒ Your Physician D. Fajman

(Other Physician/Specialty)

☐ Medical Arts Pavilion

☐ Outpatient Department South

☐ Date/Time: _____

☐ Internal Medicine

☐ Date/Time: _____

☐ Specialty/Physician

NOTE: Please call first to schedule/confirm your appointment

Clinics:

Occupational Health

Program-226-6362

North Site:

Medical, Orthopedic - 226-6494

Pediatric - 226-6906

Surgical - 226-6398

Ob/Gyn - 226-6336

Employee Health - North - 226-9004

South - 226-2099

Diabetic - 226-6340

Bay Street - 226-6700

Forest Avenue - 273-0553

South Site (all services) - 226-2051

☐ Medications Prescribed ☐ Yes ☐ No Type _____

☐ Social Service/Community Agency referral

PRINTED BY: ARUSSO02

DATE 1/19/2006

NO ONE DESERVES TO BE ABUSED. IF YOU NEED HELP, CALL 1-800-621-HOPE

If you are ever in need of a Physician or Dental Referral, call the Staten Island University Hospital Physicians and Dental Referral Line: (718) 226-2880.



ACTIONS

TIME	INIT
7:55 agency notified	
8:00 ID band applied ID band verified	
C-collar back board in car seat	
ice pack / elevate warming measures	
bandage applied wet to dry dressing	
pulse oximeter O ₂ L via	
set up suture tray / eye tray	
cardiac monitor	
Accu-Chek	
bed low position side rails up x1 x2	
call light in reach head of bed elevated	
held by parent / caregiver	
ready for Dr eval. / notified doctor / seen by Dr	
restraints see documentation	

IV RECORD

Time	Solution	Site	Ga	Pump	Rate	Amt In	INIT
	NS	↑	1000	cc			

MEDICATIONS

Time	Medication	Dose	Route	Site	INIT
	TD/TT	0.5ml	IM		
	lot # exp. date manufac				
	Vicodin 11 Nov 2008				
	Response: no change improved				
	Response: no change improved				
	Response: no change improved				
	Response: no change improved				

PROCEDURES

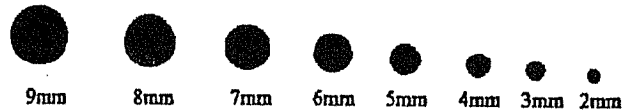
Time	INIT
laceration repair to scalp face limb trunk	
assisted by:	
foreign body removed	
assisted Dr with dislocation / fx reduction	
shoulder elbow MTP patella	
eye irrigation Morgan lens	
fluorescein sol.	
splint applied arm leg short long	
type:	
cleaned wound applied abx ointment	
applied dressing / Band-Aid / elastic wrap	
to Xray w monitor / nurse / O ₂ / tech	
return to room	

VITAL SIGNS

Time	BP	P	RR	T	O ₂ sat	Rhythm	Pain	Pupils	INIT
							/10		
							/10		
							/10		

THIS IS A COPY

PUPIL ASSESSMENT



GLASCOW COMA SCALE - MODIFIED

Eye Opening	spontaneous(4) to speech(3) to pain(2) none(1)
Best Verbal Response	coos, babbles(5) Irritable, cry(4) cries to pain(3) moans to pain(2) none(1)
Best Motor Response	spontaneous(6) withdraws at touch(5) withdraws at pain (4) abnml flexion(3) abnml extension(2) none(1)
TOTAL 3-15	15
1 hr	DC

ADDITIONAL NOTE

Discharge by NPr Action
Closed, discharge post
discharge

INTAKE	OUTPUT
IV / saline lock discontinued:	Total Amt Infused
	Time Initials

PROPERTY TO:

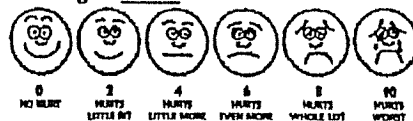
patient	family	security	safe	see patient belongings list
---------	--------	----------	------	-----------------------------

DISPOSITION

discharged	home	school	daycare	ME	funeral home
verbal / written instructions / Rx	given to:	parent			
verbalized understanding					
learning barriers addressed					
accompanied by:					
social service / referral					
admitted / transferred to					
report to	time				
transfer documentation completed					
notified family / police / ME					
left AMA / LWBS	signed AMA sheet	refused			
physician notified of:					

Discharge Vitals

BP	HR	RR	Temp	O ₂ Sat
pain level at discharge /10*				



CONDITION

unchanged	improved	stable	other
Depart Date	5/27/08	Depart Time	12:00
Mode:	walk	carried	cutches W/C
	stretcher	ambulance	

Discharge Nurse Signature *[Signature]*
☐ Continuation Sheet

SIGNATURE	INITIAL

NOTICE OF ENTRY

PLEASE take notice that the within is a (*certified*) true copy of a duly entered in the office of the clerk of the within named court on

Dated,

Yours, etc.

GRAVANTE & LOOBY, LLP

Attorneys for

Office and Post Office Address

1514 Eighty Six Street
Brooklyn, NY 11228-9004

To

Attorney(s) for

NOTICE OF SETTLEMENT

PLEASE take notice that an order

of which the within is a true copy will be presented for settlement to the Hon.

One of the judges of the within named Court, at

on

at

M.

Dated,

Yours, etc.

GRAVANTE & LOOBY, LLP

Attorneys for

Office and Post Office Address

1514 Eighth Sixth Street
Brooklyn, NY 11228-9004

Index No.

Year

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK**

**Debra Corra and Anthony Lavignani, individually and
as Natural Parents and Guardians of Anthony Lavignani,
an Infant,**

Plaintiff,

- against -

UNITED STATES OF AMERICA

Defendant.

COMPLAINT

Signature (Rule 130-1.1-a)

Print name Beneath MARY MARGARET LOOBY

GRAVANTE & LOOBY, LLP.

Attorneys for PLAINTIFFS

1514 Eighth Sixth Street
Brooklyn, NY 11228-9004
(718) 236-3800

To

Attorney(s) for

Service of a copy of the within is hereby admitted.

Dated,

85 :11 W 12 50V 106
207 AUG 21 AM 11: 58
13
MAIL REFERRAL UNIT
REFERRED

GRAVANTE & LOOBY, LLP